

**Application for Special Land Use Permit  
Warren Township, Midland County, Michigan**

***(Must Be Submitted At Least Thirty (30) Days Prior To Meeting)***

***Completed Application must include all fees, a site plan application along with 5 full size copies and 1 reduced copy of site plan.***

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The following items must also be included with this completed application:

- A detailed explanation of how this request meets the standards for granting special land use approval listed in Section 6.2 and 6.8, as appropriate. Please be specific.
- Evidence shall be submitted to show that the plans have been submitted to governmental agencies that have jurisdiction over any part of the development, including, but not necessarily limited to: Midland County Road Commission, Midland County Drain Commissioner, Midland County Health Department, Michigan Department of Transportation, Michigan Department of Natural Resources, and the Michigan Department of Environment, Great Lakes and Energy.
- The required review fee of **\$250.00**.

**Property Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** : \_\_\_\_\_

**Email Address:** : \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

**Applicant Name (If not Owner):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Applicant's Signature (if not Owner):** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**Legal Description of Property:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Zoning:** \_\_\_\_\_ **Current Use:** \_\_\_\_\_

**Proposed Use of Parcel:** \_\_\_\_\_

\_\_\_\_\_  
**Name of Proposed Development (if applicable):** \_\_\_\_\_

<b>For Office Use Only</b>	Date Filed		Amount Paid	
	Case #		Hearing Date	